

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City  
Bakersfield

State  
CA

Zip Code  
93389

Purpose of Disbursement  
Void - Kevin McCarthy for Congress

Candidate Name  
Kevin McCarthy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 24036446

Date of Disbursement

05 / 08 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Kevin McCarthy for Congress

Full Name (Last, First, Middle Initial)

**B.** Rely on Your Beliefs Fund

Mailing Address 1300 Pennsylvania Ave., NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Void - Rely on Your Beliefs Fund

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 24036445

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Rely on Your Beliefs Fund

**SUBTOTAL** of Disbursements This Page (optional) .....

-3000.00

**TOTAL** This Period (last page this line number only) .....

-3000.00